

J10590  
6/21/01

Please type a plus sign (+) inside box → [+]

06-22-01 A

PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	7897R4	PRO
First Inventor	John Joseph Curro	0
Assignee	The Procter & Gamble Company	U.S. \$886.40
Title	Applications for Laminate Web	05/21/01
Express Mail Label No.		EL618955058US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original, and a duplicate for fee processing)*

2.  Applicant claims small entity status  
*(see 37 CFR §1.27)*

3.  Specification Total Pages [38]  
*(preferred arrangement set forth below)*

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4.  Drawing(s) (35 USC §113) Total Sheets [11]

5. Oath or Declaration Total pages [1]
 

- a.  Newly executed (original or copy)
- b.  Copy from a prior application (37 CFR §1.63(d))  
*(for continuation/divisional with Box 18 complete)*
  - i.  **DELETION OF INVENTORS**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR §1.76

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*

- a.  Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
  - i.  CD-ROM or CD-R (2 copies); or
  - ii.  Paper
- c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))

10.  37 CFR 3.73(b) Statement  Power of Attorney *(when there is an assignee)*

11.  English Translation Document *(if applicable)*

12.  Information Disclosure  Copies of IDS Statement (IDS)/PTO-1449 Citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*

15.  Certified Copy of Priority Document(s) *(if foreign priority is claimed)*

16.  Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17.  Other: .....

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76: Continuation     Divisional     Continuation-in-part (CIP)

of prior application Nos. 09/467,938,

09/584,676 and PCT US00/34746

Group/Art Unit: 1771

Prior application information: Examiner: \_\_\_\_\_  
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

[X] Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here) 27752	
---------------------------------------	--------------------------------------------------------------	--

Name (Print/Type)	Angela Marie Stone	Registration No. (Attorney/Agent)	41,335
Signature	<i>Angela Marie Stone</i>		Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.



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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)**

710.00

**Complete if Known***Application Number**Confirmation Number**Filing Date**First Named Inventor*

JOHN JOSEPH CURRO

*Examiner Name**Group/Art Unit**Attorney Docket No.*

7897R4

**METHOD OF PAYMENT (check one)****FEE CALCULATION (continued)**

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter &amp; Gamble Company

Charge Any Additional Fee Required Under status. See 37 CFR §127  
37 C.F.R. §§1.16 and 1.17

**FEE CALCULATION****1. BASIC FILING FEE – Large Entity**

Code (\$)	Fee Description	Fee Paid
101 710	Utility filing fee	[710.00]
106 320	Design filing fee	<input type="checkbox"/>
107 490	Plant filing fee	<input type="checkbox"/>
108 710	Reissue filing fee	<input type="checkbox"/>
114 150	Provisional filing fee	<input type="checkbox"/>

**SUBTOTAL (1) (\$)**

[710.00]

**2. EXTRA CLAIM FEES – Large Entity**

	Extra Claims	Below Fee	Fee Paid
Total Claims	[3] - 20** = <input type="checkbox"/>	x <input type="checkbox"/> = <input type="checkbox"/>	[0]
Independent Claims	[3] - 3** = <input type="checkbox"/>	x <input type="checkbox"/> = <input type="checkbox"/>	[0]
Multiple Dependent	<input type="checkbox"/>	= <input type="checkbox"/>	

\*\* or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
103 18	Claims in excess of 20
102 80	Independent claims in excess of 3
104 270	Multiple dependent claim, if not paid
109 80	**Reissue independent claims over original patent
110 18	**Reissue claims in excess of 20 & over original patent

**SUBTOTAL (2) (\$)**

[0]

**3. ADDITIONAL FEES**

Code (\$)	Fee Description	Fee Paid
105 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139 130	Non-English specification	<input type="checkbox"/>
147 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115 110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>
116 390	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>
117 890	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>
118 1,390	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
128 1,890	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
119 310	Notice of Appeal	<input type="checkbox"/>
120 310	Filing a brief in support of an appeal	<input type="checkbox"/>
121 270	Request for oral hearing	<input type="checkbox"/>
138 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140 110	Petition to revive - unavoidable	<input type="checkbox"/>
141 1,240	Petition to revive - unintentional	<input type="checkbox"/>
142 1,240	Utility issue fee (or reissue)	<input type="checkbox"/>
143 440	Design issue fee	<input type="checkbox"/>
144 600	Plant issue fee	<input type="checkbox"/>
122 130	Petitions to the Commissioner	<input type="checkbox"/>
123 50	Petitions related to provisional applications	<input type="checkbox"/>
126 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
146 710	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149 710	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>
179 710	Request for Continued Examination (RCE)	<input type="checkbox"/>
169 710	Request for expedited examination of a design application	<input type="checkbox"/>

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL(3) (\$)**

[1]

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Angela Marie Stone	Registration No. (Attorney/Agent)	41,335	Telephone	(513) 634-9397
Signature	<i>Angela Marie Stone</i>			Date	06/21/01

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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